



2826#  
IFW

Document No.: P2000,0167 CIP

CERTIFICATION OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature

May 28, 2004  
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applic. No. : 09/927,573 Confirmation No.: 6959  
Inventor : Herbert Palm et al.  
Filed : August 9, 2001  
Title : Memory Cell, Memory Cell Configuration and  
Fabrication Method  
TC/A.U. : 2826  
Examiner : Thomas L. Dickey  
Customer No. : 24131

A M E N D M E N T

Mail Stop No Fee Amendment  
Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

S i r :

Responsive to the Office Action dated March 15, 2004 kindly consider the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 21 of this paper.

06/03/2004 HMEKONEN 00000060 09927573

01 FC:1201

344.00 0P

06/28/2004 DEVANS 00000005 121099 09927573  
01 FC:1201 86.00 DA

**RCE Filed 2/11/04**  
**PATENT APPLICATION FEE DETERMINATION RECORD**  
 Effective October 1, 2003

Application or Docket Number

**09927573**

**RCE**

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<b>26</b> minus <b>39</b> = *	<b>—</b>
INDEPENDENT CLAIMS	<b>3</b> minus <b>3</b> = *	<b>—</b>
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	<b>170<sup>00</sup></b>

**CLAIMS AS AMENDED - PART II**

**6/1/04**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <b>24</b>	Minus	** <b>39</b> = <b>—</b>
Independent	* <b>8</b>	Minus	*** <b>3</b> = <b>5</b>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	<b>430<sup>00</sup></b>
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	<b>430<sup>00</sup></b>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.